|  | PATENT A                                       | PPLICATIO<br>Effect  | RD.                                | 097+7798          |                                |                                      |          |                   |                        |              |                               |                        |  |
|--|--|--|------------------------------------|-------------------|--------------------------------|--------------------------------------|----------|-------------------|------------------------|--------------|-------------------------------|------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                       |  |  |                                    |                   |                                |                                      |          | SMALL ENTITY TYPE |                        |              | OTHER THAN<br>OR SMALL ENTITY |                        |  |
| TOTAL CLAIMS   |  |  | 23                                 |                   |                                |                                      | - A      | ATE               | FEE -                  |              | RATE                          | FEE                    |  |
| FOR  |  |  | NUMBER FILED                       |                   | NUMBER EXTRA                   |                                      | BA:      | SIC FEE           | 355.00                 | OR           | BASIC FEE                     | 710.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |  |  | 23 minus 20=                       |                   | •                              |                                      | ×        | \$ 9=             |                        | OR           | X\$18=                        | 4,00                   |  |
| INDEPENDENT CLAIMS   |  |  | 3 minus 3 =                        |                   | •                              |                                      | 7        | (40=              |                        | OR           | X80=                          |                        |  |
| MU   | LTIPLE DEPEN                                   | DENT CLAIM P   | RESENT                             |                   |                                |                                      |          | 135=              |                        |              | +270=                         |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2             |  |  |                                    |                   |                                |                                      | <u> </u> |                   |                        | OR           | TOTAL                         | 264.00                 |  |
|  |  |  |                                    |                   |                                |                                      |          | JATC              | L                      | OR           | OTHER                         |                        |  |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)                        |  |  |                                    |                   |                                |                                      | S        | MALL              | ENTITY                 | OR           | SMALL                         |                        |  |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                      |                                    | NUM<br>PREVI      | HEST<br>IBER<br>OUSLY<br>FOR   | PRESENT<br>EXTRA                     | F        | RATE              | ADDI-<br>TIONAL<br>FEE |              | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | . 23   | Minus                              | •• 6              | 3                              | =/                                   | ×        | \$ 9=             |                        | OR           | X\$18=                        |                        |  |
|  | Independent                                    | · 3  | Minus                              | ئ ***             | 3                              | =/                                   | >        | (40=              |                        | OR           | X80=                          |                        |  |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                                    |                   |                                |                                      |          | 135=              | ·                      | OR           | +270=                         |                        |  |
|  |  |  |                                    |                   |                                |                                      |          | TOTAL             | <b> </b>               | OR           | TOTAL                         |                        |  |
| ٠,   | (Column 1) (Column 2) (Column 3)               |  |                                    |                   |                                | (Column 3)                           | ADD      | IT. FEE           |                        | 2            | ADDIT. FEE                    |                        |  |
| AMENDMENT B  |  | CLAIMS REMAINING AFTER AMENDMENT                               |                                    | HIG<br>NU<br>PREV | HEST<br>MBER<br>HOUSLY<br>NFOR | PRESENT<br>EXTRA                     | F        | RATE              | ADDI-<br>TIONAL<br>FEE |              | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | .23  | Minus                              | 0                 | 12                             | =                                    |          | <br>=و\$)         |                        | OR           | X\$18=                        |                        |  |
|  | Independent                                    | . 3  | Minus                              | ***               | 5                              | =                                    | 1        | <40=              |                        | OB           | X80=                          |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                                    |                   |                                |                                      |          |                   |                        |              | 070                           |                        |  |
|  |  |  |                                    |                   |                                |                                      |          | 135=              |                        | OR           | . +270=<br>TOTAL              |                        |  |
|  |  |  |                                    |                   |                                |                                      |          | IT. FEE           | <u> </u>               | OR           | ADDIT. FEE                    |                        |  |
| _ا   | Income and the second                          | (Column 1)   |                                    |                   | ımn 2)<br>HEST                 | (Column 3)                           | 1        |                   |                        | I            |                               |                        |  |
| AMENDMENT C  |  | REMAINING<br>AFTER<br>AMENDMENT                                |                                    | NUI<br>PREV       | MBER<br>IOUSLY<br>D FOR        | PRESENT<br>EXTRA                     | ]   F    | RATE              | ADDI-<br>TIONAL<br>FEE |              | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | •  | Minus                              | ••                |                                | = .                                  | )        | (\$ 9=            |                        | OR           | X\$18=                        |                        |  |
| ME   | Independent                                    | •  | Minus                              | ***               |                                | =                                    | 1   7    | <b>40=</b>        |                        | OR           | X80=                          |                        |  |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                                    |                   |                                |                                      |          | 135=              |                        | OR           | +270=                         |                        |  |
| * If the enter in column 1 is less than the entry in column 2 write "0" in column 3. |  |  |                                    |                   |                                |                                      |          |                   |                        |              |                               |                        |  |
|  | If the "Highest Nu                             | Imber Previously F<br>Imber Previously I<br>Taber Previously P | Paid For" IN THI<br>Paid For IN TH | IS SPACE          | is less tha<br>is less tha     | an 20, enter "20<br>an 3. enter "3." | _        | OIT. FEE          | L                      | OR<br>x in a | ADDIT: FEE<br>olumn 1.        |                        |  |

Application or Docket Number